



PREVENTION OPPORTUNITIES UNDER THE BIG SKY

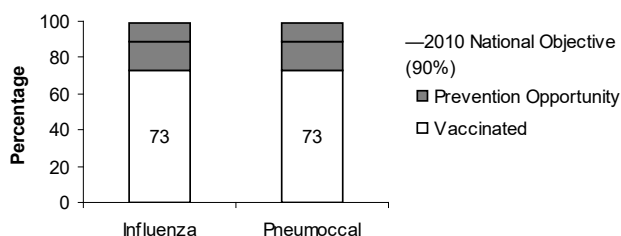
VACCINATION FOR ADULTS: Prevention Opportunities Abound

Adults benefit from vaccine protection. Many Montana adults are unnecessarily susceptible to vaccine-preventable diseases. This issue of *Montana Public Health* highlights the current Adult Immunization Schedule recommended by the Advisory Committee on Immunization Practices (ACIP) and by the American Academy of Family Physicians, the American College of Obstetricians and Gynecologists and the American College of Physicians. A complete, detailed description of this schedule is available at www.cdc.gov/vaccines/recs/schedules/adult-schedule.htm.¹

Influenza vaccination Only 73% of Montana adults aged 65 or more reported receiving influenza vaccine in 2007. (Figure) With rare exception, all adults should be vaccinated annually. Any adult who wishes to decrease their risk of influenza should be vaccinated. Those likely to transmit influenza to persons at high risk should be encouraged to be vaccinated [These persons include in-home household contacts and care givers of children aged less than 5, and all health care workers.] Most adults should receive inactivated vaccine,² although nonpregnant adults aged less than 50 who do not have high-risk medical conditions and who do not care for immunocompromised persons can receive intranasal live, attenuated influenza vaccine.

Pneumococcal polysaccharide vaccination Only 73% of Montana adults aged 65 or more report that they have ever received pneumococcal vaccination. (Figure) All adults aged 65 or more and other adults with high-risk medical conditions should be offered this vaccine. The ACIP has added asthma and current cigarette smoking to the list of high risk conditions. Persons with chronic renal failure or nephrotic syndrome, functional or anatomic asplenia, or immunocompromising conditions should receive one revaccination 5 years after initial vaccination. Persons aged 65 or more should also receive one revaccination if they were vaccinated 5 or more years previously when less than 65.

Figure: Proportion of Montana adults aged 65 or more vaccinated with influenza vaccine (2007) and pneumococcal vaccine (ever)*



*MT Behavioral Risk Factor Survey, 2007

Tetanus, diphtheria, and acellular pertussis

(Td/Tdap) vaccination Although the proportion of Montana adults who have had tetanus toxoid within the past 10 years is not known, we continue to learn of situations in which tetanus immune globulin is needed for adults with wounds who are long overdue for a tetanus booster. Tdap should replace a single dose of Td for adults 19-64 who have not previously received Tdap, including when a Td booster is indicated for wound care. A dose of Tdap is recommended for postpartum women, close contacts of infants aged less than 12 months, and all health-care workers with direct patient contacts if they have not previously received Tdap.

Herpes zoster vaccination A single dose of zoster vaccine is recommended for adults aged 60 or more regardless of whether they report having had a prior episode of herpes zoster. Persons with chronic medical conditions may be vaccinated unless their condition is a contraindication (e.g., persons with allergy to vaccine components or with primary or acquired immunodeficiency).³

Hepatitis B vaccination A complete list of persons for whom hepatitis B vaccine is recommended is available in reference 1. Remember to vaccinate sexually active persons who are not in a long-term, mutually monogamous relationship (e.g., persons with more than 1 sex partner during the previous 6 months); persons seeking evaluation or treatment for a sexually transmitted infection; current or recent injection drug users; men who have sex with men; household contacts and sex partners of persons with chronic hepatitis B virus infection; clients and staff members of institutions for persons with developmental disabilities; and international travelers to countries with high or intermediate prevalence of chronic hepatitis B virus infection.⁴

Hepatitis A vaccination A complete list of persons for whom hepatitis A vaccine is recommended is also available in reference 1. Remember to vaccinate persons traveling to or working in countries that have high or intermediate prevalence of hepatitis A virus infection.⁴

Meningococcal vaccination The vaccine protects against infection with meningococcal serogroups A, C, Y, and W-135. Vaccination should be offered to adults with anatomic or functional asplenia; microbiologists routinely exposed to isolates of *N.meningitidis*; military recruits; first-year college students living in dormitories; and persons who travel to countries in which meningococcal disease is hyperendemic or epidemic. A conjugatal vaccine (MCV4) is preferred for use in persons aged 11 to 55, but is not licensed for use in persons >55. A polysaccharide vaccine (MPSV4) should be used with high risk persons >55, and can be used with younger high risk adults, too.

Human papilloma virus vaccination This vaccine protects against infection with four HPV types: HPV 16 and 18 which cause an estimated 70% of cervical cancers; and HPV6 and 11, which cause an estimated 90% of genital warts. Vaccination is recommended for all females aged 11 to 26 and may be offered to girls as young as 9.

Other vaccinations For information about other vaccinations recommended for certain adults (including measles, mumps, rubella and varicella vaccinations) see reference 1.

On-line training available The CDC offers a free, on-line training session for primary care providers regarding strategies to increase adult vaccination rates. These strategies include use of standing orders, chart reminders, and mail and telephone reminders. Participants can test their knowledge about vaccines recommended for adults, explore facts about vaccine-preventable diseases, and find other reference materials. This training session, "Increasing Adult Vaccination Rates: What Works" is available at

<http://www2a.cdc.gov/vaccines/ed/whatworks/index.html>.

Recommendations for health care providers

- **Assess vaccination status of adult patients**
- **Provide vaccinations recommended by the ACIP¹**

For more information, contact the Immunization Section at 406-444-5580 and see www.immunization.mt.gov

References:

1. www.cdc.gov/vaccines/recs/schedules/adult-schedule.htm
2. Wang Z, et al. Live attenuated or inactivated influenza vaccines and medical encounters for respiratory illnesses among US military personnel. JAMA 2009;301:945-953.
3. CDC. Prevention of *Herpes zoster*: Recommendations of the Advisory Committee on Immunization Practices. [Recommendations and reports] MMWR 2008; 57:1-30.
4. www.cdc.gov/travel

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1400 Broadway
Helena MT 59620-2951

Anna Whiting Sorrell, Director, DPHHS
Steven Helgerson, MD, MPH, State Med. Officer
Jane Smilie, MPH, Administrator, PHSD